



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason:

Listeriosis

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: _____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Stiff neck**

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: _____

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Underlying illness Specify: _____

☐ ☐ ☐ ☐ Infant <38 weeks gestation (preemie)

Gestational age: _____

☐ ☐ ☐ ☐ **Miscarriage or stillbirth**

☐ ☐ ☐ ☐ **Pregnant**

Estimated delivery date ____/____/____

OB name, address, phone: _____

☐ ☐ ☐ ☐ Postpartum mother (<= 6 weeks)

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Meningitis**

☐ ☐ ☐ ☐ **Meningoencephalitis**

☐ ☐ ☐ ☐ **Bacteremia**

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ **Altered mental status**

☐ ☐ ☐ ☐ **Abscess or infected lesion**

☐ ☐ ☐ ☐ **Septic arthritis**

Clinical Findings (continued)

Y N DK NA

☐ ☐ ☐ ☐ Other clinical findings consistent with illness
Findings: _____

☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ ***L. monocytogenes* culture (from normally sterile site: blood or cerebrospinal fluid; joint, pleural or pericardial fluid)**

☐ ☐ ☐ ☐ ☐ ***L. monocytogenes* culture (placental or fetal tissue from a miscarriage or stillbirth)**

☐ ☐ ☐ ☐ ☐ Food specimen submitted for testing

NOTES

INFECTION TIMELINE

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-70 -3

o
n
s
e
t

Contagious period

week to months* after onset

Calendar dates:

* in stool

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ If newborn, birth mother had febrile illness during this pregnancy

☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
☐ ☐ ☐ ☐ If newborn, confirmed Listeria infection in birth mother

☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
☐ ☐ ☐ ☐ Prepackaged, ready-to-eat meat (e.g. hotdogs, bologna, turkey)

Y N DK NA

☐ ☐ ☐ ☐ Deli sliced meat or cheese
☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish
☐ ☐ ☐ ☐ Known contaminated food product
☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____

Y N DK NA

☐ ☐ ☐ ☐ Farm or dairy residence or work
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
☐ ☐ ☐ ☐ Soil exposure (e.g. gardening, potting soil, construction)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Any public health action, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____